



Commonwealth of Massachusetts
Department of Public Safety
Daily Operator's Inspection Log

An Owner may use an alternate form provided it contains all of the information contained in this form.

Name of Device

USID Number

DATE, TIME and LOCATION OF INSPECTION

OK - Satisfactory UN - Unsatisfactory NA - Not Applicable						
1. Safety belts, bars, locks and other passenger restraining devices						
2. All automatic and manual safety devices						
3. Signal systems, brakes and control devices						
4. Safety pins and keys						
5. Fencing , guards, stairways and ramps						
6. Ride structure and moving parts						
7. Tightness of bolts and nuts						
8. Blocking, support braces and jack stands						
9. Confirm with Maintenance Mechanic that electrical equipment, properly grounded						
10. Confirm with Maintenance Mechanic that the ride is properly lubricated per the manufacturer's recommendations.						
11. Test communication equipment necessary for operation (if applicable)						
12. Prior to opening, operate ride through once complete cycle to ensure safe and proper functioning of all controls and devices.						
Operator's Name (neatly printed):						
Operator's Signature:						
Certified Maint. Mechanic's Name (neatly printed):						
Certified Maintenance Mechanic's Signature:						